



AGENTS TO TREAT MULTIPLE SCLEROSIS PA SUMMARY

PREFERRED	Avonex, Copaxone, Betaseron, Rebif, Rebif Rebidose, Tysabri
NON-PREFERRED	Ampyra, Aubagio, Extavia, Gilenya, Tecfidera, Tecfidera Starter Pack

NOTE: Criteria for Tysabri is located in a separate document titled "Tysabri".

LENGTH OF AUTHORIZATION: Varies based on medication requested

PA CRITERIA:

For Ampyra

- ❖ Approvable for the diagnosis of multiple sclerosis (MS) when prescribed by a neurologist or a MS-specialist
- ❖ Member's estimated creatinine clearance must be measured before treatment initiation and at least annually and must be greater than 50ml/min.

For Aubagio

- ❖ Approvable for relapsing forms of MS when prescribed by a neurologist or a MS-specialist
- ❖ Member must have experienced trial and failure or an inability to use Avonex, Betaseron, Copaxone, or Rebif.
- ❖ Transaminase and bilirubin levels should be obtained and evaluated within 6 months before treatment initiation and at least monthly for 6 months after starting therapy.
- ❖ Female members of reproductive potential must have pregnancy excluded before starting therapy and male and female members must use reliable contraception.

For Extavia

- ❖ Approvable for relapsing forms of MS when prescribed by a neurologist or a MS-specialist for members with an albumin allergy.
- ❖ Otherwise, prescriber must submit a written letter of medical necessity stating the reason(s) that brand-name Betaseron is not appropriate for the member.

For Gilenya, Tecfidera, or Tecfidera Starter Pack

- ❖ Approvable for relapsing forms of MS when prescribed by a neurologist or a MS-specialist
- ❖ Member must have experienced trial and failure or an inability to use Avonex, Betaseron, Copaxone, or Rebif.
- ❖ Please note that for Gilenya, the first dose must be administered in a medical setting with a 6-hour observation period for signs of symptoms of bradycardia. Also for Gilenya, an ECG must be completed at baseline and at the end of the initial dosing 6-hour observation period.



EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.